

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1273407

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15							
Name:	Spot Description:							
Address 1:	SecTwpS. R 🔲 East 🗌 We							
Address 2:	Feet from North / South Line of Section							
City: State: Zip:+	Feet from East / West Line of Section							
Contact Person:	Footages Calculated from Nearest Outside Section Corner:							
Phone: ()	□NE □NW □SE □SW							
CONTRACTOR: License #	GPS Location: Lat:, Long:							
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)							
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84							
Purchaser:	County:							
Designate Type of Completion:	Lease Name: Well #:							
New Well Re-Entry Workover	Field Name:							
☐ Oil ☐ WSW ☐ SHOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.							
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)							
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:							
GSW Permit #:	Lease Name:							
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:							

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing									
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-		_ ` `	skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		



Geologist's Report

Company: LD Drilling, Inc

Sec: \underline{I} Twp: $\underline{20S}$ Rge: $\underline{I2W}$ County: \underline{Barton} State \underline{V}

Contractor: Royal Drilling Rig #1

Comp: $\frac{24/15}{NA}$ LTD: $\frac{NA}{NA}$ Spud: 10/15/15

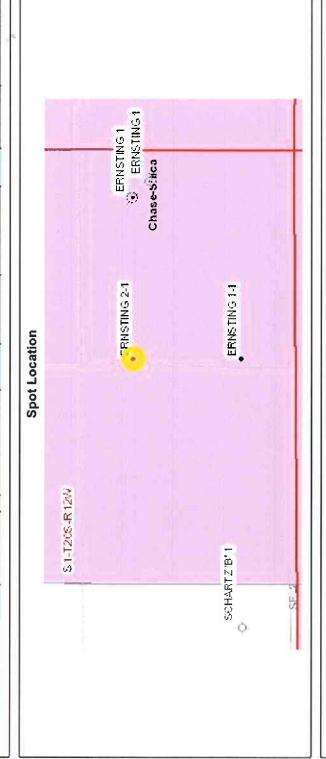
Mud Type: Chemical Displaced Mud Up: +/- 2500' RTD: 3359'

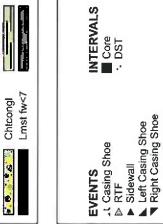
Drilling Time Kept From: 2700' to RTD
Samples Saved From: 2700' to RTD
Samples Examined: 2700' to RTD
Geoloigcal Supervision: 2950' to RTD
Geoloigst on Well: Kurt Talbott

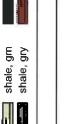
Surface Casing: <u>8 5/8"@ 360'</u> Production Casing: NA

Wireline Logs: NA

	9	LD DRILLING	ם	LD DRILLING	<u>S</u>	ERN P	ISERN PETROLEUM
	ERS	ERSTING #2-1	ERSTI	ERSTING #1-1		#1 E	#1 ERSTING
	17	1793 KB	17	1792 KB		178	1789 KB
FORMATION	SAMPLE	SAMPLE SS	Log	Log SS	SA	SAMPLE	SS
ANHYDRITE		A COLUMN TO THE	558	1234	ID.	566	1223
BASE ANHYDRITE			577	1215	IN.	580	1209
HEEBNER	2957	-1164	2957	-1165	ã	2949	-1160
TORONTO	2976	.1183	2972	.1180			
DougLAS	2987	-1194	2986	1194			
BROWN LIME	3082	-1289	3080	.1288	m	3071	-1282
LANSING	3100	-1307	3100	-1308	ň	3088	-1299
ARBUCKLE	NA	NA	3339	-1547	m	3341	-1552
TOTAL DEPTH	3359	-1556	3463	-1671	'n	3359	.1570











Sitst

OTHER SYMBOLS

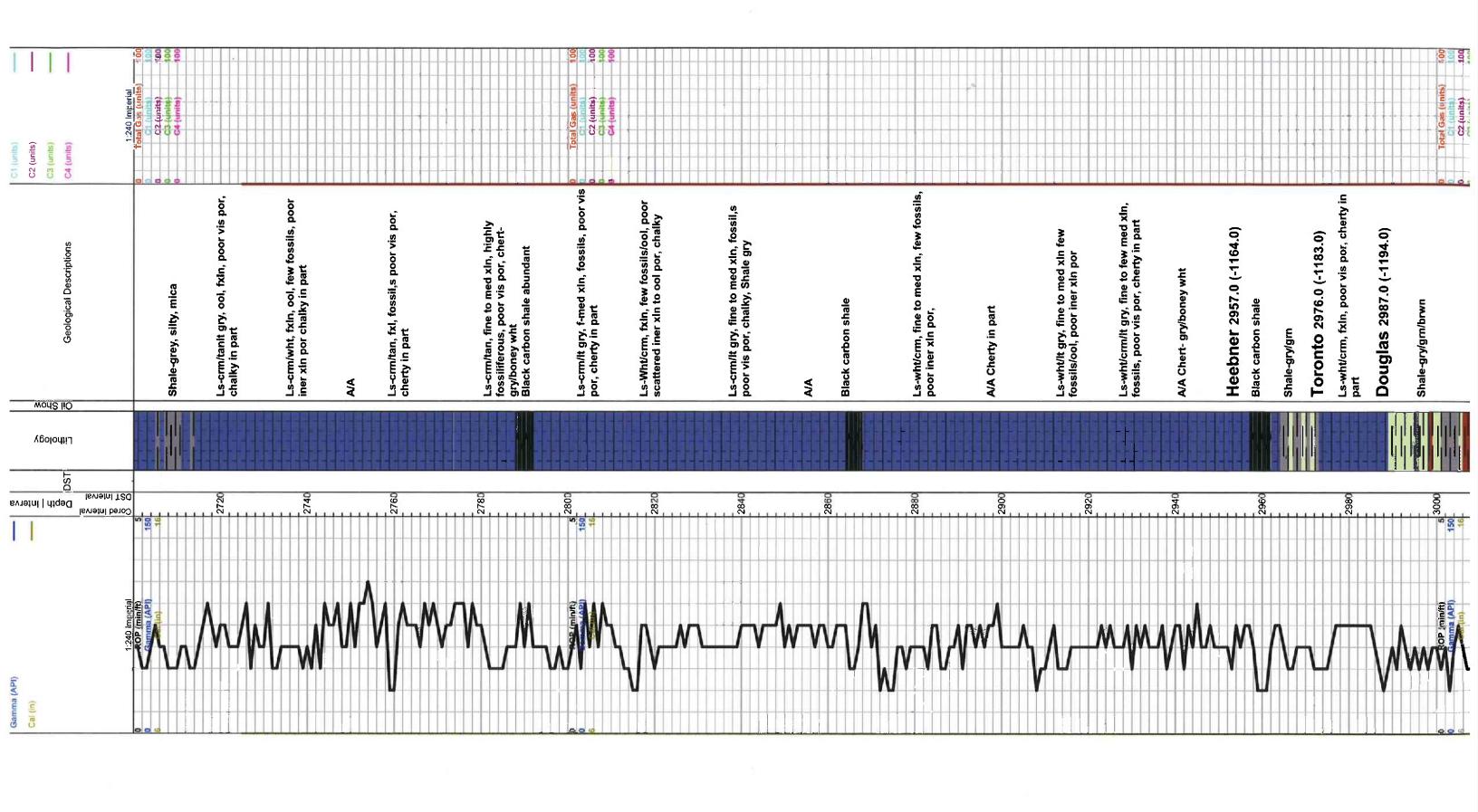
DST Int DST Int DST alt

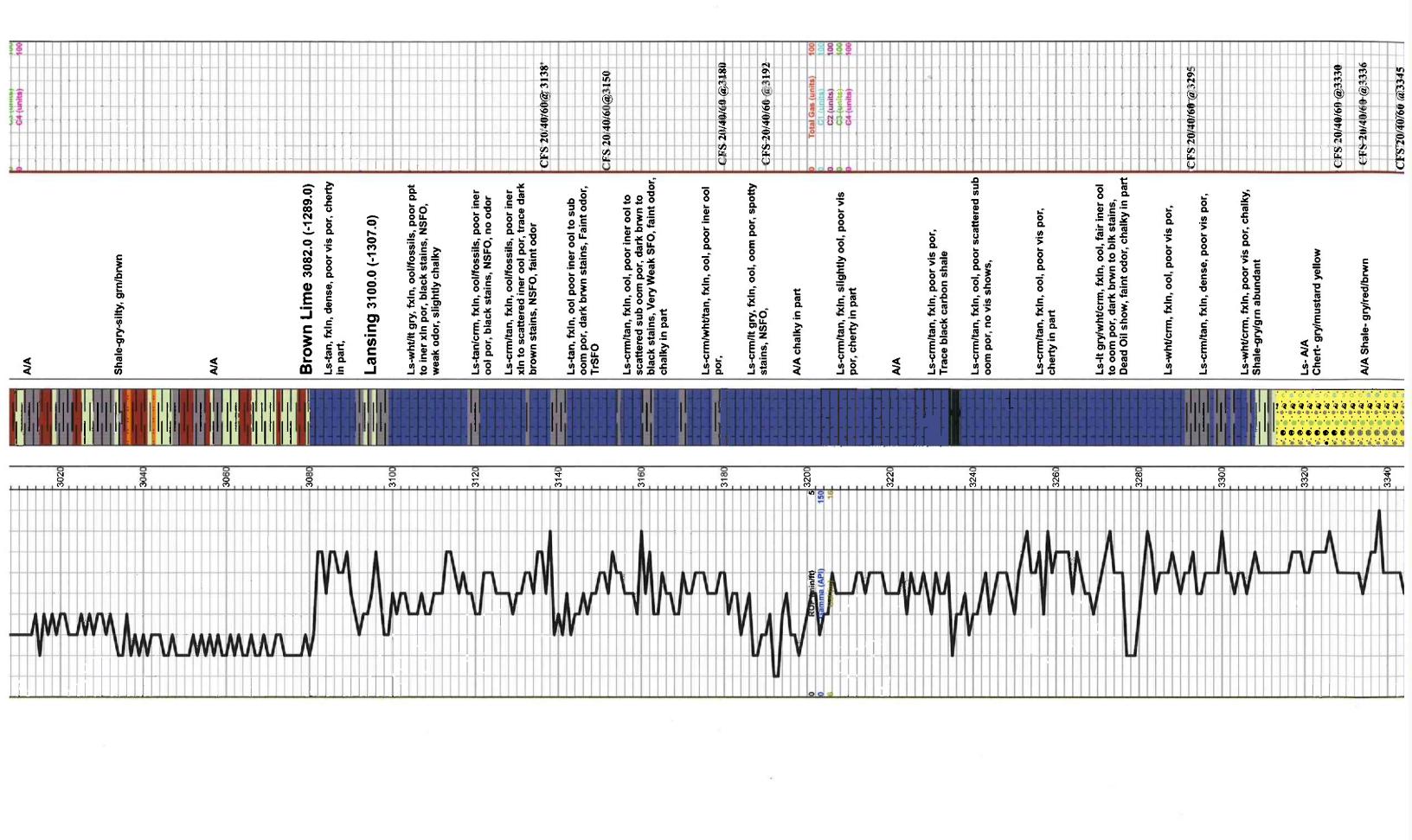
Printed by GEOstrip VC Striplog version 4.0.8.9 (www.grsi.ca)

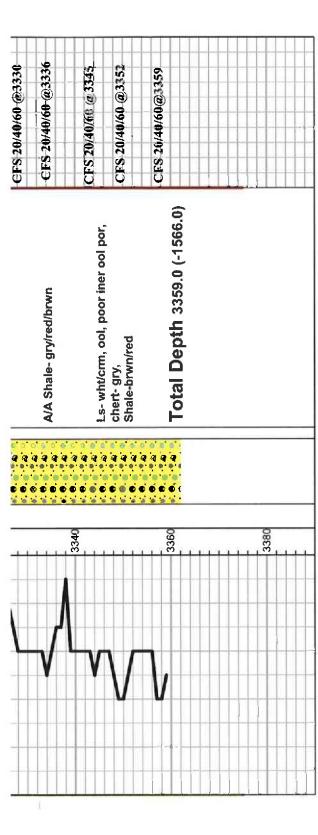
Curve Track #1

ROP (min/ft)

Total Gas (units)







ENERGY SERVICES

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 12878 A

PRESSURE PUMPING & WIRELINE DATE TICKET NO ☐ CUSTOMER ORDER NO.: DATE OF JOB OLD PROD INJ ☐ WDW WELL NO.) -LEASE STATE COUNTY **ADDRESS** Tansas Messich S. Einst: M. Mattal CITY STATE JOB TYPE: C. N. W. - Plug To **AUTHORIZED BY** HRS AM PM **EQUIPMENT#** TRUCK CALLED **EQUIPMENT#** HRS HRS **EQUIPMENT#** 27,463 3 ARRIVED AT JOB AM 9:30 START OPERATION 2:00 3 73.768 **FINISH OPERATION** 3:00 RELEASED 3:30 10-20-15 MILES FROM STATION TO WELL

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP. SIGNED: Hove Bud (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO. \$ AMOUNT MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY **UNIT PRICE** CP 103 SK C102 Cement Ge 50 Sugar Wooden Cement Plug, 8 5/8" Ea CF 153 50 Pickup Mileage mi E 100 Heavy Equipment Mileage 100 E 101 528 Depth Charge: 3,00/Feet To 4,000 Feet Blending and Mixing Service 4 Hr 60 245 Service Supervisor Ea 75 00 5 003 SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$

MATERIALS %TAX ON \$ TOTAL

SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:



TREATMENT REPORT

Fined Order in Station Pratt, Hansas Promaten Primary Station Manager Prevalence Units 37,216 27,463 70,939 77,7689 Truckton Units 37,216 27,463 70,939 77					ease No.				Date							
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Thank You. Clarence, Mitre, Shawn

Taylor Printing, Inc. 620-672-3656



FIELD SERVICE TICKET 1718 **12907** A

TRUCK CALI ARRIVED AT START OPE FINISH OPE RELEASED MILES FROM ed or merchandis ees and acknowl cument. No addit	STATE ST	DATE PM JIME PM 5:3 AM 6:3 AM 7:43 AM 7:43 OWELL 50 Ontract for services, materia e terms and/or conditions services, contract for Services, materia e terms and/or conditions services.
TRUCK CALL ARRIVED AT START OPE FINISH OPE RELEASED MILES FROM ed or merchandis ees and acknowl cument. No addit SIGNED: (WELL OWN) QUANTITY 200	LED 10-16 T JOB RATION RATION M STATION TO see is delivered). ledges that this co- tional or substitute ER, OPERATOR,	DATE PM 3TIME PM 3.30 AM 6.13 AM 7.143
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SERVICE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer /	0 1		0 0, 4.1	Lease No.						Date						
1	D. Om								Date							
Lease	Well # Casing \$/ Depth						10-16-15									
Field Order	12904 Proff 16					8/5 354					County ARTON State					
Type Job	SNW	85/8			_		For	mation				Legal De	scription_	12		
	E DATA	PERF	FORATI	NG DATA		FLUID	USED		TREATMENT RESUME							
Casing Size	Tubing Size	e Shots/F	t		Ac	oid	E			RATE	PRES	SS	ISIP			
Depth 9	Depth	From	7	ō	Pr	e Pad			Max				5 Min.			
Volume /	Volume	From		ō	Pa	ad			Min				10 Min.			
Max Press	Max Press	From	T	ō	Fr	ac			Avg				15 Min.			
Well Connection		From	Т	ō					HHP Used				Annulus F			
Plug Depth	Packer Dep	From	Т	ō	Flush				Gas Volun				Total Load	d		
Customer Rep	customer Representative				Station Manager DAUE Scott					Treate	20	bet	11/2	5		
Service Units	37900	3370+	2092	0 942	6	19918										
Driver Names	Sulla	ERNS	1	me	fa	2										
Time	Casing Pressure	Tubing Pressure	Bbls. F	rumped Rate												
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